· U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved
Office of Management
and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

Form LM-30 (2003)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 04 Through: 12/31 / 04

Page 1 of 2

3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name	Name AFL-CIO
Linda J. Hall	Labor Organization File Number CC 106
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 815 16th St.	Street 815 16th St.
City Washington	cm washington
State DC ZIP Code +4 2CCC 6	State C ZIP Code + 4 76006
5. Position in labor organization. Executive Secretu	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount
Street	
City	
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's impwiedge and belief, true, correct, and complete. (See the se	ving documents), has been examined by the signatory and is, to the best of the
Signed Lude 1 1	on 8/3/05 202-637-5299
	Date Telephone Number

Name of Person Filing Linda Hall	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Mchaughter. Company	
Trade Name, if any:	a. Labor Organization
P.O. Box, Bidg., Room No., if any	b. Trust
Street 1725 Desales St. No	c. Employer
City Washington	
State DC ZIP Code +4 90036	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Insurance Picuider
Trade Name, if any:	3
P.O. Box, Bidg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
On.	17.b. Approximate donal failed of Such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	12.a. Nature of interest held or income received.
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	hunch 1/23/04
	,
	12.b. Amount. (pgrov. \$45.00)
State ZIP Code + 4 C. Received from any employer (other than an employer covered under	12.b. Amount. (pgrov. \$45.00)
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	12.b. Amount. (e pagos. \$45.00) r parts A and B above) or other thing of value.
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	12.b. Amount. (e pagos. \$45.00) r parts A and B above) or other thing of value.
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Name of Person Filing Linda Hall	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name M. Laughlin Co.	a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bidg., Room No., if any	c. Employer
Street 172 Te Steet St.	
an Wash naton	
State ZIP Code +4 Jun 3 6	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Insurance Rouder
Trade Name, if any:	T WOUNGHEE
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	D. nnec 3 664
	12.b. Amount. Oppor. \$60.00
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment
Name	
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	
Street	
City	
- · ·	
State ZIP Code + 4	

Name of Person Filing Linda Tall	File Number U-
B. Held an interest in or derived income or economic benefit with monetary valuestantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or included with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name All Laughtin Co. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1725 De Schos St., Line City Washington State DC ZIP Code +4 20036	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Insurance Provider
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	Lumber 8/5 04
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	12.b. Amount. (1 pq (ux. \$50.00)
State ZIP Code + 4 C. Received from any employer (other than an employer covered under	12.b. Amount. (1 pq (ux. \$50.00)
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	12.b. Amount. (1) PQ(U). \$50.00 or parts A and B above) or other thing of value.
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Name of Person Filing Linda Hall	File Number U-
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8. Name and address of Business (including trade name, if any). Name Mc Lunghlin (o. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street De Scles St., Ai Co. City Washington State DC ZIP Code + 4 2003 6	9. Business deals with: a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing.
Name Trade Name, if any: P.O. Box, Bldg., Room, No., if any	Insurance Provider
Street	11.b. Approximate dollar value of such dealing.
City State ZIP Code + 4	12.a. Nature of interest held or income received.
	12.b. Amount. Cally, \$50.00
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any),	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.

Name of Person Filing hinda Hall	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
8. Name and address of Business (including trade name, if any). Name The Mchauchlin Co. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1 25 De Sales St., Www. City Workington State ZIP Code + 4 20036	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Trade Name, if any:	Insurance Recorder
P.O. Box, Bidg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	hunch 10/14/04
	12.b. Amount. Oxer. #45.00
	TELE PRINCIPLE OF STATE OF STA
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	

Name of Person Filing hinda Hall	File Number U-
B. Held an interest in or derived income or economic benefit with monetary valuestantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or tirectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Mc McCachlina C. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street Mass Descles St., (1) City Welceshare for the Color of State ZIP Code + 4 2003 6. 10. If 9.b. or 9.c. is checked give trust or employer's name.	9. Business deals with: a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	Insurance Provides
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	Roinsetta Plant
	12.b. Amount. \$58.00
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
Street City	

Name of Person Filing hinda Hall	File Number U-
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8. Name and address of Business (including trade name, if any). Name ULLICU,	9. Business deals with:
Trade Name, if any: P.O. Box, Bidg., Room No., if any 1625 Eye St. NW	a. Labor Organization b. Trust
P.O. Box, Bidg., Room No., if any 1625 Yes	c. Employer
City State ZIP Code + 4 2000 6	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Trade Name, if any:	Insurance Provider
P.O. Box, Bidg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZiP Code + 4	Dinner- 3/6/04
	12.b. Amount. \$93.00
C. Received from any employer (other than an employer covered unde	
or from any labor relations consultant to an employer any payment of money	or other thing of value.
 Name and address of Employer or Labor Relations Consultant (including trade name, if any), 	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.

Name of Person Filling Linds Hall	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
8. Name and address of Business (including trade name, if any). Name Nicon (ivilege Trade Name, if any: P.O. Box, Bldg., Room No., if any Street (11 Mass. Five. W. W.) City State Washington, X ZiP Code + 4 2000 1	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. Insurance Rouider
Street City	Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.
State ZIP Code + 4	(given by churity)
	12.b. Amount. \$56.94
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.